

FACSIMILE TRANSMITTAL

BOZICEVIC, FIELD & FRANCIS LLP

200 Middlefield Road, Suite 200

Menlo Park, CA 94025

Telephone: (650) 327-3400

Facsimile Number: (650) 327-3231

Date: January 6, 2003

To: **ATTN: Examiner Sharon Turner**

Facsimile No.: (703) 746-3141

From: Paula Borden
Bozicevic, Field & Francis
(650) 833-7710

Re: U.S. Patent Application No. 09/739,933

Message: Please see accompanying response to Office Action as filed on November 26, 2002.

Total number of pages, including this cover sheet: 31

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Please contact Paula Borden at (650)-833-7710 if you have any problems receiving this transmission.

Atty/Sec: PAB/ckh
Atty Docket No. UCAL-263C:IP
Date Mailed: November 26, 2002
Application No.: 09/739,933 Filing Date: December 18, 2000

Inventor(s): REID, JAMES STEVEN

Title: "COMPOSITIONS AND METHODS FOR MANIPULATING GLIAL
PROGENITOR CELLS AND TREATING NEUROLOGICAL DEFICITS"

Enclosure(s):

- ❖ Transmittal (1 pg.)
- ❖ Fee Transmittal + Duplicate (2 pgs.)
- ❖ Amendment (15 pgs.)
- ❖ Exhibits 1-5
- ❖ Supplemental Information Disclosure Statement (2 pgs.)
- ❖ PTO/SB/08A (1 pg.)
- ❖ 3 Cited References
- ❖ Return Postcard

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/739,933
		Filing Date	December 18, 2000
		First Named Inventor	REID, JAMES STEVEN
		Group Art Unit	1647
		Examiner Name	TURNER, SHARON L.
Total Number of Pages in This Submission		Attorney Docket Number	UCAL-263CIP
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Exhibits 1-5 2) PTO/SB/08A (1 pg.) 3) 3 cited references 4) Return Postcard	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	PAULA A. BORDEN, Reg. No. 42,344		
Signature			
Date	November 26, 2002		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 26, 2002.	
Typed or printed name	Cindy Kim Hoang
Signature	
Date	November 26, 2002

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2002</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																									
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